



PAID CLAIMS SUMMARY BY MEMBER

What is captured in this report?

The Paid Claims Summary by Member report represents a summary of claims paid by member. The report displays employee and patient names, identification numbers, and the total number of claims for the report period per person. The report also specifies claim payment information including the total amount of charges ineligible for payment, any patient responsibilities (deductibles, coinsurance, and copayments), amount deducted for coordination of benefits and adjustments, and the total net payment for all claims.

Why run this report?

Users typically generate this report to assist their employees with claim questions. This report totals patient responsibilities, which are the subject of common employee concerns. This report can be created to display the information for all members, one family, or one member.

What are the required data parameters?

Users must enter a range of incurred and paid dates and specify the desired product. The product refers to applicable medical, dental, vision or other coverage. Additionally, users have the option to run this report by a specific member by entering the member identification number. If a user would like to create the report for a dependent of an employee, the user may also enter the dependent's date of birth or first name in addition to the member identification number.

What time periods are available?

The data is refreshed nightly and is available as far back as 36 months from the current month.

Glossary of Terms

For a complete glossary of terms, please see the Getting Started Guide.